IDGA
Institute for Defense and
Government Advancement

MEDICAL
COMMUNICATIONS

FOR COMBAT CASUALTY CARE:

Supporting the Delivery of Seamless Medical Care Through Effective Battlefield Communication

Main Conference · June 29-30, 2004

Pre-Conference Workshops · June 28, 2004

Holiday Inn on the Hill Hotel · Washington, DC

At This Event You Will...

- **Learn** to collect, process, and disseminate the flow of medical information
- **Understand** the need to maximize the amount of medical data available for medical health surveillance
- Learn to **utilize** available information management tools
- **Examine** the lack of standard and the difficulty accessing the different systems in use
- **Understand** the need to incorporate emerging technologies to improve blood distribution and use in theater
- **Identify** future plans for ESSENCE including expansion of the new version to all military treatment facilities

Pre-Conference Workshops Monday, June 28, 2004

A Collecting, Processing, and Disseminating an Uninterrupted Flow of Medical Information

B Providing Medical Analysis and Decision Support to Medics on the Battlefield

C Personal Area Network for Warfighter Psychophysiological Status Monitoring (WPSM)

Register Now! Call Tom Glynn @ 416-598-5604

Featured Speakers Include:

Colonel Douglas E. Anderson, USAF, MSC
Deputy Command Surgeon
US JOINT FORCES COMMAND

Gerard R. Cox, MD, MHA, FACEP, FACPM
Captain, MC, USN
Director, Medical Programs
HEADQUARTERS, US MARINE CORPS (HEALTH SERVICES)

Colonel Dean E. Calcagni, M.D., USA
Deputy Director
Telemedicine and Advanced
Technology Research Center
US ARMY MEDICAL RESEARCH AND MATERIAL COMMAND

Lieutenant Colonel Ruth D. Sylvester, USAF, BSC
Director
ARMED SERVICES BLOOD PROGRAM

Tommy Morris
Program Manager BMIS-T
US ARMY MEDICAL RESEARCH AND MATERIAL COMMAND, TATRC

Lieutenant Colonel Ralph A. Franco, Jr., USA, MS, BS, MBA, MHA, CHE, CPHIMS
Chief, Medical Information Systems Division
US ARMY MEDICAL DEPARTMENT

Darik L. Forrest
Wardmaster, Burn ICU
US ARMY INSTITUTE OF SURGICAL RESEARCH

John Ames
WPSM STO - IC Project Manger
US ARMY RESEARCH INSTITUTE OF ENVIRONMENTAL MEDICINE

Dr. Duane C. Caneva, USN
Commander
NAVY MEDICINE OFFICE OF HOMELAND SECURITY

Stephen L. Markelz
Colonel, USA (Ret.)
Project Manager, Theater Trauma Registry
US ARMY INSTITUTE FOR SURGICAL RESEARCH (MEDICAL RESEARCH AND MATERIAL COMMAND)

Lieutenant Colonel Julie Pavlin, USA
Chief, Department of Field Studies
WALTER REED ARMY INSTITUTE OF RESEARCH

Frederick J. Pearce, Ph.D.
Chief, Department of Resuscitative Medicine, Division of Military Casualty Research
WALTER REED ARMY INSTITUTE OF RESEARCH

Michael L. Dunavent
Senior Information Engineer
Medical Modernization Planning Division
OFFICE OF THE ACC COMMAND SURGEON

Steve Rountree
Warrior System Integration Team
NATICK SOLDIER CENTER

Conference-at-a-Glance

Pre–Conference Workshops
Monday, June 28, 2004

8:00 –11:00   Workshop A
Capturing, Transmitting, and Analyzing Medical Data in the DoD: Informatics from the Battlefield to the VA

11:30-2:30   Workshop B
Providing Medical Analysis and Decision Support to Medics on the Battlefield

3:00-6:00   Workshop C
Personal Area Network for Warfighter Psychophysiological Status Monitoring (WPSM)

DAY ONE · Tuesday June 29, 2004

7:45	Continental Breakfast and Registration
8:15	Chairperson's Welcome and Opening Remarks
8:30	Theater Medical Information Program: Creating an Electronic Medical Record that Supports a Mobile Medical Workforce
9:15	Battlefield Medical Information System-Tactical
10:00	Morning Refreshment Break
10:30	Theater Medical Information Program - Maritime
11:15	Technology Diffusion in Healthcare
12:00	Lunch
1:15	The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE): Recent Improvements and Future Plans
2:00	Modernizing the Warrior Through Army Transformation
2:45	Afternoon Refreshment Break
3:15	Talking About Communicating: Some Information Management Tools for CBRNE Response
4:00	Warfighter Health Monitoring: The Evolution of Warfighter Medical Vigilance
4:45	Conclusion of Day One General Session

DAY TWO · Wednesday June 30, 2004

8:00	Continental Breakfast
8:30	Chairperson's Opening Remark and Recap of Day One
8:45	Joint Force Health Protection Transformation
9:30	Making Trauma Registry Part of the MHS (Surveillance)
10:15	Morning Refreshment Break
10:45	Crossing the Communications 'Rubicon' for En Route Care Medical Devices in the Battlefield
11:30	The Future of the Army's Medical Communications for Combat Casualty Care (MC4) Program
12:15	Lunch
1:30	Dealing with Inter/Intra Medical Service Communications in Operation Iraqi Freedom
2:15	Evaluating Medical Information Transfer: Successes and Shortfalls in Operation Iraqi Freedom
3:00	Afternoon Refreshment Break
3:30	Blood Program Communications in Operation Iraqi Freedom – Lessons Learned
4:15	Successful Medical Surveillance - Air Force Experience Using the Global Expeditionary Medical System
5:00	Conclusion of Conference

MEDICAL
COMMUNICATIONS
FOR COMBAT CASUALTY CARE

Dear Colleague:

After Desert Storm, Presidential Review Directive 5 directed the Department of Defense to develop a standardized, integrated, and seamless system of medical command and control for the military medical community within the Global Command and Control System. This directive was the reason for the establishment of the Theater Management Information Program (TMIP), and its primary purpose is to integrate / develop medical information systems to capture the medical record and link all theater echelons of care in an integrated, interoperable fashion to provide medical care to the Warfighter.

Millions of Americans are serving, or have served, our nation in the armed services. Indeed, so many Americans have passed through military service that DoD and individual branches of the armed forces have developed more than 60 separate clinical information systems since 1980 in an effort to keep track. These 60 disparate systems, while useful, resulted in an even greater diffusion of medical information, which has become more difficult to access with each passing year. Therefore, the DoD was faced with the need for a "system of systems" – a comprehensive methodology that could meet the needs of the military not only in a hospital setting, but also in battlefield conditions.

IDGA's **Medical Communications for Combat Casualty Care** conference focuses on the project developments, challenges and solutions for combat casualty care for the Warfighter. At this conference, delegates will understand the need for standardization through integrating response, and the impact on medics and command and control..

In addition to the unparalleled speaker faculty, **Medical Communications for Combat Casualty Care** will also feature numerous networking opportunities, luncheons, refreshment breaks and pre-conference workshop sessions where you can join colleagues to discuss specific challenges and opportunities. Be sure to register now to benefit from the early registration discount (see page 7).

Act now! Reserve your place among the top leaders in research for **Medical Communications for Combat Casualty Care** Register yourself and a team of key people today by calling 416-598-5604, or e-mail Tom Glynn **Director of Registrations tom.glynn@idga.org**

I look forward to seeing you in Washington this June!

Sincerely,

Simran Mehra

Simran Mehra
Program Director
Institute for Defense and Government Advancement

*P.S.
Be sure to optimize your learning experience and register for the interactive pre-conference workshops!!*

Interactive Pre-Conference Workshops!

In addition to hearing case studies from cutting edge organizations, past attendees often tell us that they come to conferences with the hopes of taking home valued solutions that can be implemented immediately upon return to the office. In order to fulfill this need, IDGA has organized these essential workshops that are guaranteed to give you a much deeper grasp of the key issues facing your organization. These vital workshops are designed to give you the "A-Z" roadmap approach for tackling challenges and making the most out of opportunities. Each workshop is three hours long to allow for interaction to promote maximum learning opportunities.

Workshop A Monday, June 28th 2004 · 8:00am-11:00am

Capturing, Transmitting, and Analyzing Medical Data in the DoD: Informatics from the Battlefield to the VA

The DoD has developed technologies designed to facilitate the seamless movement of medical data, from the point of injury on the battlefield, to a central, permanent data repository. Simultaneously, DoD has explored methods of real-time health surveillance. This session will explore available technologies, as well as those in the pipeline for near-term implementation, and will attempt to analyze the gaps that remain. Key points discussed during the workshop:
· Data acquisition, transfer and analysis: an overview
· Facilitating health surveillance: strategies and technologies
· Hands-on demonstration of point-of-care technologies, to include mobile devices, such as the Battlefield Medical Information System-Telemedicine (BMIS-T)
· Exploring Joint, service-specific problems and potential future solutions
· Future directions and gap analysis

About your Workshop Leaders:
Jessica Kenyon is a Project Officer and **Program Manager** at the **U.S. Army Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center (TATRC).** Ms. Kenyon brings expertise in the field of medical information technology program management, the human factors of telemedicine, and Advanced Distributed Learning (ADL). She coordinates TATRC's efforts with the Joint Medical Information Systems (JMIS) Small Business Innovative Research (SBIR), and manages research and development of telemedicine implementations for clinical and operational settings.

Carl E. Hendricks, Colonel, USA Retired, Special Assistant to the Director, USAMRMC/TATRC. With more than 27 years of management experience in the federal sector, Mr. Hendricks currently serves as the senior information technology advisor to the Director, Telemedicine and Advanced Technology Research Center. Mr. Hendricks has more than 11 years of experience in overseeing research, design, development, and implementation of information systems in support of large federal organizations including: Senior Information Technology Advisor, Telemedicine and Advanced Technology Research Center; Program Executive Officer, Office of the Assistant Secretary of Defense for Health Affairs; Chief Information Officer for The Surgeon General, United States Army; Director, University Computer Center, Uniformed Services University of the Health Sciences; and Chief Scientist and Engineer, Telemedicine Program, United States Army Medical Research and Materiel Command.

Workshop B Monday, June 28th 2004 · 11:30am-2:30pm

Providing Medical Analysis and Decision Support to Medics on the Battlefield

Today's military needs a comprehensive medical surveillance program that spans the operational continuum. Ideally, data required for medical surveillance should be gathered as a by-product of providing and documenting health care encounters, and as a by-product of documenting occupational and environmental surveys. End-users should not have to choose between providing quality medical care and collecting adequate surveillance data.
Although automated medical surveillance systems are available to provide alerts for defined sentinel events, relevant data required for medical surveillance should be available to analysts and commanders where and when they need it. The technological requirements and expertise needed to provide these surveillance systems are already well within reach. Tremendous progress has been made in the development of large scale analytical tools. However, little focus and far too few resources have been committed to providing realistic data capture and useful feedback mechanisms for medical leadership on the battlefield.
· Avoid pitfalls of over-complicated technical solutions
· Implementing theater level surveillance without alienating forward commanders
· Develop strategies to motivate clinicians to use data capture software correctly
· Incorporating unit level training to reduce erroneous data capture
· How to convert deployed data into useful information—timely!

About Your Workshop Leader: Michael Dunavent is a **Senior Information Engineer** with **Prologic Inc.** serving Air Combat Command, Langley VA. He has over 21 years experience with military medical systems, deployed health care, and rapid prototyping/rapid development. As the Air Force subject matter expert for expeditionary medical surveillance, he provides information to senior leadership for strategic planning, modification and modernization of deployed medical and line assets based on data obtained from deployed assets.

Workshop C Monday, June 28th 2004 · 3:00pm-6:00pm

Personal Area Network for Warfighter Psychophysiological Status Monitoring (WPSM)

Psychophysiological Status Monitoring presents a challenging engineering problem with many tight constraints. The network must provide adequate bandwidth for psychophysiological monitoring, must run for an extended period without recharging, it must be light-weight, robust, resistant to jamming, and stealthy. The usage model is incompatible with a wired network (for human factors reasons) and conventional RF wireless network (for standoff detection/stealth reasons). The design of the network has important implications for the overall architecture and functionality of the WPSM system. In short, this is a fascinating design problem requiring the balancing of numerous competing requirements with important larger-scale design implications. In this workshop we will discuss these issues as they relate to the specific design of the WPSM PAN and the larger problems of battlefield medicine and real-time psychophyisological monitoring and classification.

About your workshop leaders: Richard DeVaul, Ph.D., is a zero-footprint computing researcher working on context-aware on-body computing research applications and platform issues at **AWare Inc.,** where he is the **Chief Technology Officer**. He applies machine learning techniques to sensing, user and environment modeling, and biomedical research applications. In addition to his work with WPSM, he has also led AWare in using statistical machine learning techniques to develop a software package that classifies sensor data in real-time for biomedical monitoring and activity classification applications. This package, Enchantment, is available from AWare Inc. His published research is in the areas of subliminal HCI, mathematical modeling, computational neuroscience, and wearable computing systems engineering. He has appeared in articles in the New York Times, the French daily Le Monde, Mass High Tech, and CNN.

John Carlton-Foss, S.M., Ph.D., is a human factors psychologist, executive, and software engineer with specialties in database management systems and applications as well as human factors in human thermal response and in software. He currently serves as the **Chief Executive Officer** at **AWare Inc.** His work has been in such areas as individual differences in human thermal response, environmental factors in human performance, cognitive models, physics, internet reverse auction decision systems, and decision support systems.

7:45 Continental Breakfast and Registration

8:15 Chairperson's Welcome and Opening Remarks
Colonel Douglas E. Anderson, USAF, MSC
Deputy Command Surgeon
US JOINT FORCES COMMAND

8:30 Theater Medical Information Program: Creating an Electronic Medical Record that Supports a Mobile Medical Workforce
TMIP supports complete clinical care documentation; medical supply and equipment; and patient movement and in-transit visibility in a mobile healthcare setting. Near-real time medical trends reporting are supported locally and theater-wide.
- TMIP enhances capabilities to provide continuous care from initial emergency care in the field to definitive care at home
- Near-real time trends tracking across organizations now possible throughout an area of operations
- Major enablers of the military's program to preserve, maintain, and improve individual and collective health
- Documenting patient care in deployed operations will improve treatment as well as support epidemiological research

Colonel(s) Thomas E. Yingst, USAF
Program Manager, Theater Medical Information Program
OFFICE OF THE SECRETARY OF DEFENSE (HEALTH AFFAIRS), MILITARY HEALTH SYSTEM

9:15 Battlefield Medical Information System-Tactical
The solution developed by TATRC team assists medical personnel—deployed, on military bases, or at military medical centers—with diagnosis and treatment. Medical personnel use the solution to record patient clinical encounters and transmit those records to a central repository.
- Developing a point-of-care hand-held device for first responders
- Patient record and data: Improving communication and feedback vertically and horizontally
- use for special operations
- Maximizing the amount of medical data available for medical health surveillance

Tommy Morris
Program Manager BMIS-T
US ARMY MEDICAL RESEARCH AND MATERIAL COMMAND, TATRC

10:00 Morning Refreshment Break

10:30 Theater Medical Information Program - Maritime
TMIP-M provides support by integrating medical capabilities under a joint concept of operation and support the delivery of seamless medical care. The TMIP goal is to provide a global medical information capability linking information databases and integration centers that are accessible to the Warfighter, anywhere, anytime, in any mission. TMIP-Maritime (TMIP-M) will create the infrastructure to collect, store, pass, process, and report medical logistics and patient data across all services and echelons of care. The infrastructure will have the capacity and flexibility to satisfy customer and user needs at all levels and will have the capability to support current and future business reengineering processes (BPR). This session will highlight the program and discuss a few of the challenges current faced.

Gerard R. Cox, MD, MHA, FACEP, FACPM
Captain, MC, USN
Director, Medical Programs
HEADQUARTERS, US MARINE CORPS (HEALTH SERVICES)

11:15 Technology Diffusion in Healthcare
The presentation will review many advanced technology areas that have applications in healthcare. There will be an overview of the Telemedicine and Advanced Technology Research Center (TATRC), which is part of the U.S. Army Medical Research and Materiel Command (USAMRMC). TATRC is a unique organization that is involved in all aspects of system integration, demonstration, and evaluation of new communications and information systems technology for the improvement of health care for soldiers and all DOD beneficiaries. Dr. Calcagni will describe the lessons he has learned in the transfer of these technologies from the laboratory to the hospital and clinic.

Colonel Dean E. Calcagni, MD, USA
Deputy Director
Telemedicine and Advanced Technology Research Center
US ARMY MEDICAL RESEARCH AND MATERIAL COMMAND

12:00 Luncheon for Speakers and Attendees

1:15 The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE): Recent Improvements and Future Plans
ESSENCE was created to enhance our ability of detecting potential infectious disease outbreaks, including those caused by bio-terrorism. Since its inception in 1999, significant improvements have occurred including incorporating new data sources, advanced statistical algorithms, a geographic visualization and analysis tool, and user-defined parameters. In addition, certain locations have civilian hospital data included from the surrounding area. Future plans for ESSENCE include expansion of the new version to all military treatment facilities and transferring operation of the system to the Tricare Management Activity.

Lieutenant Colonel Julie Pavlin, USA
Chief, Department of Field Studies
WALTER REED ARMY INSTITUTE OF RESEARCH

2:00 Modernizing the Warrior Through Army Transformation
Future Force Warrior (FFW) is the Army's flagship science and technology initiative to develop and demonstrate revolutionary capabilities for Future Force soldier systems. An integrated system of systems approach is being employed to support the Army transformation to a soldier-centric force. The Future Force Warrior is a major pillar of the Future Force strategy, complementing the Future Combat Systems (FCS) program. This session will highlight the Warfighter Physiologic Status Monitor and how it will fit into the MC4 picture.

Steve Rountree
Warrior System Integration Team
NATICK SOLDIER CENTER

2:45 Afternoon Refreshment Break

3:15 Talking About Communicating: Some Information Management Tools for CBRNE Response
This presentation will give an overview of information management tools and technologies available for responding to CBRNE mass casualty incidents. From over-the-shoulder consequence management tools to libraries, these tools assist in every aspect of preparation and response. The best part is many of these tools are available now and freely available.
- Utilizing available information management tools
- Optimizing our response through the use of IM tools
- Integrating our response: a need for standardization
- Participating in the development of these tools

Dr. Duane C. Caneva, USN
Commander
NAVY MEDICINE OFFICE OF HOMELAND SECURITY

4:00 Warfighter Health Monitoring: The Evolution of Warfighter Medical Vigilance
The new Unit of Action in the Future Force paradigm presents new challenges to the medical community. This session explores the new model of remote medical vigilance supporting both preventative and causality care vigilance for Warfighter.
- Drivers behind change
- Needs for a new paradigm
- Technology and challenges
- Impact on medic and command and control

John Ames
WPSM STO - IC Project Manger
US ARMY RESEARCH INSTITUTE OF ENVIRONMENTAL MEDICINE

4:45 Conclusion of Day One General Session

8:00   Continental Breakfast

8:30   Chairperson's Opening Remarks and Recap
Colonel Douglas E. Anderson, USAF, MSC
Deputy Command Surgeon
US JOINT FORCES COMMAND

8:45   Joint Force Health Protection Transformation
People remain the centerpiece of successful joint operations. The ultimate beneficiary of JFHP transformation is our most valuable weapon system: The human. This presentation will summarize how Joint Forces Command plans to facilitate the development of future JFHP "born joint or transition to joint" capabilities. It will include an overview of advanced concepts and strategies designed to evaluate those concepts and capabilities as part of ongoing DoD transformation activities.
Colonel Douglas E. Anderson, USAF, MSC
Deputy Command Surgeon
US JOINT FORCES COMMAND

9:30   Making Trauma Registry Part of the MHS (Surveillance)
Surveillance is the new name for medical information flow coming from the battlefield. Learn about how the speaker proposes changes to current guidance to include essential information about combatant and non-combatant trauma resulting from battle and non-battle injury. Origins of different components define the LOC participants.
- Downsizing the data dictionary
- Coordinating Joint Service agreement
- Following (or not) the civilian model
- Designing manual systems for the immature battlefield
- Diving the grand scheme for idea insertion
Stephen L. Markelz
Colonel, USA (Ret.)
Project Manager, Theater Trauma Registry
**US ARMY INSTITUTE FOR SURGICAL RESEARCH
(MEDICAL RESEARCH AND MATERIAL COMMAND)**

10:15 Morning Refreshment Break

10:45 Crossing the Communications 'Rubicon' for En Route Care Medical Devices in the Battlefield
Telemedicine holds great potential for projecting a high level of medical expertise into inadequately staffed casualty care environments. However, realization of the potential force multiplying benefits of telemedicine in the battlefield environment has been limited by the challenges of establishing and maintaining effective lines of communication. This session will explore the technical requirements and rate-limiting steps in the realization of the force multiplication goal with a focus on critical care in en route transportation environments.
- Defining operational concepts for telemedicine during en route care
- Identifying requirements for medical device query and control in military evacuation platforms
- Developing user friendly equipment interfaces for battlefield environments
- Understanding issues of bandwidth now and in the future
- Understanding the need for medical device interfacing standards
Frederick J. Pearce, Ph.D.
Chief, Department of Resuscitative Medicine, Division of Military Casualty Research
WALTER REED ARMY INSTITUTE OF RESEARCH

11:30 The Future of the Army's Medical Communications for Combat Casualty Care (MC4) Program
The Medical Communications for Combat Casualty Care (MC4) program will revolutionize the delivery of healthcare in the field for the US Army. MC4 will provide an automated, seamless medical information system, providing capabilities in medical command and control, medical logistics, blood management, patient regulation and evacuation, medical threat/intelligence, health care delivery, manpower/training, and medical capabilities assessment/sustainability analysis. Key topics include:
- Improving proactive response to medical threats through population health surveillance
- Vertical and horizontal integration of health records to achieve a comprehensive Longitudinal Electronic Medical Record
- Linking medical information into command and control systems to provide actionable medical information to Commanders
- Integration of soldier health data into a single, actionable database accessible worldwide

- Meeting congressional mandates to document all soldier health information during deployments
Lieutenant Colonel Ralph A. Franco, Jr.,
MS, BS, MBA, MHA, CHE, CPHIMS
Chief, Medical Information Systems Division
US ARMY MEDICAL DEPARTMENT

12:15 Luncheon for Speakers and Attendees

1:30   Dealing with Inter/Intra Medical Service Communications in Operation Iraqi Freedom
Attendees will possess a more comprehensive understanding of the issues and impacts of the 'digital divide' on medical units in an undeveloped Theater of Operation, and the potential solutions/options available.
- Evaluate medical unit communications requirements
- Gain key insights on the medical and operational impacts of communications shortfalls
- Learn about communications challenges facing medical units in Operation Iraqi Freedom
- Participate in discussion on direct experiences and how to develop more successful horizontal and vertical communications
- Acquire additional knowledge on future communications support options
Lieutenant Colonel Walt Hinton, USA
Chief, Medical Support Branch
JOINT READINESS CLINICAL ADVISORY BOARD

2:15   Evaluating Medical Information Transfer: Successes and Shortfalls in Operation Iraqi Freedom
Case study review of medical information transfer with combat casualties evacuated to the US Army Burn Center. This session explores the successes and shortcomings of medical information transfer along the chain of evacuation.
- Evaluate the effectiveness of current technology and practices
- Recognize how treatment data from Levels I through III affect subsequent treatment decisions at definitive care facilities
- Examine the lack of standard system and the difficulty accessing the different systems in use
Darik L. Forrest
Wardmaster, Burn ICU
US ARMY INSTITUTE OF SURGICAL RESEARCH

3:00   Afternoon Refreshment Break

3:30   Blood Program Communications in Operation Iraqi Freedom: Lessons Learned
Blood distribution in Operation Enduring/Iraqi Freedom was highly successful. New technologies and innovative uses of available technology enabled better blood asset visibility and requirements planning than ever before. However, as with all large-scale undertakings the blood program was presented with challenges and opportunities to learn. The Armed Services Blood Program is seizing those opportunities and rapidly moving forward to future improve communications for the future.
- Review basic mission and elements of the Armed Services Blood Program
- Identify successes and lesson's learned regarding blood program in Operation Enduring Freedom/Operation Iraqi Freedom
- Incorporating emerging technologies to improve blood distribution and use in theater
- Leveraging existing technology for future systems to ensure blood program asset visibility and planning
Lieutenant Colonel Ruth D. Sylvester, USAF, BSC
Director
ARMED SERVICES BLOOD PROGRAM

4:15   Successful Medical Surveillance - Air Force Experience Using the Global Expeditionary Medical System
- Overview of the Global Expeditionary Medical System and the circumstances leading to development and continued use
- Present and future capabilities planned for Global Expeditionary Medical System
- Using advanced data analysis to enable leadership to identify emerging threats, reallocate medical resources, and develop preventive medicine strategies
- Lessons learned -- the hard way!
Michael L. Dunavent
Senior Information Engineer
Medical Modernization Planning Division
OFFICE OF THE ACC COMMAND SURGEON

5:00   Conclusion of Conference

Sponsorship and Exhibition Opportunities

WHY SPONSOR OR EXHIBIT AT IDGA'S MEDICAL COMMUNICATIONS FOR COMBAT CASUALTY CARE?

IDGA Sponsorships and Exhibits are an excellent opportunity for your company to showcase its products and services to a highly targeted, senior-level audience in the Medical Communications for Combat Casualty Care arena. IDGA helps companies achieve sales, marketing and branding objectives by setting aside a limited number of event sponsorships and exhibit places - all of which are custom-tailored to help your company create a platform that will maximize its exposure at the event and reach key decision makers in the field of Medical Communications for Combat Casualty Care.

WHAT TYPE OF EXPOSURE CAN MY COMPANY HAVE AT IDGA EVENTS?

IDGA prides itself on creating sponsorship and exhibit opportunities that fit your company's specific sales, marketing and branding needs. In order to maximize your organization's exposure at the event an IDGA representative will work with you to create a custom tailored package for your company that will have the greatest impact on your target audience.

Below you'll find just a few of IDGA's most popular sponsorship packages - all of which include a specific number of delegate passes, exhibition booth and a direct marketing campaign specifically targeting your clients and prospects.

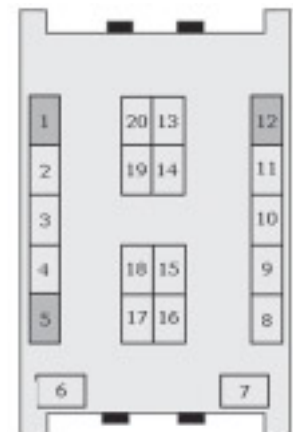| Co-Sponsor	Registration Sponsor	Luncheon Sponsor	Cocktail Reception(s)	Refreshment Break(s)	CD Roms	Welcome Packs

EXHIBITION FLOOR PLAN

Exhibit booth location is based on two factors - the type of sponsorship package your organization chooses and the date of sponsorship/exhibit registration. Reserve your space today to ensure you get the booth location of your choice.

ABOUT IDGA

IDGA
Institute for Defense and
Government Advancement

The Institute for Defense & Government Advancement has established itself as a non-partisan information-based organization dedicated to the promotion of innovative ideas in the public sector. We bring together speaker panels comprised of government professionals while attracting delegates with decision-making power from the government sector. IDGA provides well-researched, uniquely tailored events that keep our delegates abreast of operational and industry advancements as well as provide a forum to gain access to influential representatives and professionals.

IDGA Conferences Available on CD Rom!

Can't attend the conference? While there's no substitute for being onsite, you can now benefit from all of the presentations, exhibitor information and other key strategies and insights passed along at the event by purchasing a specially prepared *Medical Communications for Combat Casualty Care* CD Rom.

The CD Rom is a permanent reminder of the conference and contains all of the detailed PowerPoint™ presentations that were prepared by the speaker faculty and presented at the event; a full color conference brochure; detailed information about the event sponsors and exhibitors along with information about how your company can get involved in future events; and upcoming IDGA events! The cost of the CD Rom is only $499 - a mere fraction of the registration price!

Are You Already Registered For Another Event But Would Rather Attend This IDGA Event?

DON'T WORRY! If you have already registered for an alternative event but would rather attend
MEDICAL COMMUNICATIONS FOR COMBAT CASUALTY CARE,
IDGA will reimburse the cost of your cancellation fee (up to $200).

Register by Phone, Fax, E-Mail or Online

Call: 416-598-5604
Fax: 416-598-7934   24 Hours A Day

E-Mail: tom.glynn@idga.org

Important! To speed registration, provide the product code located on the back page—even if it is not addressed to you!

CONFERENCE PRICING*	Gov't/ Military Staff	Industry	Groups from same organization
Register and pay in full by April 30, 2004	$999	$999	Please contact **Tom Glynn** for group discounts
Register and pay in full after April 30, 2004	$999	$999	
For Each Additional Workshop, Please add	$250	$400	

MAKE CHECKS PAYABLE IN U.S. DOLLARS TO: IDGA
 * CT residents or people employed in the state of CT must add 6% sales tax.

Payment Policy: Payment is due in full at the time of registration and includes lunches, refreshments and detailed conference materials. Your registration will not be confirmed until payment is received and may be subject to cancellation.

Details for making payment via EFT or wire transfer:

Greater Community Bank, 150 Clove Road, Little Falls NJ 07424
Phone: 416-598-5604

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Reference: Please include the name of the attendee(s) and the event number: 2146.01

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Please note that speakers and topics were confirmed at the time of publishing, however, circumstances beyond the control of the organizers may necessitate substitutions, alterations or cancellations of the speakers and/or topics. As such, IDGA reserves the right to alter or modify the advertised speakers and/or topics if necessary. Any substitutions or alterations will be updated on our web page as soon as possible.

Lodging Information: Sessions for the Conference & Workshops will be held at:

Holiday Inn on the Hill
415 New Jersey Ave., NW, Washington, DC 20001
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